



HIP FRACTURE: TRANSFER TIME TO SURGERY NOT ASSOCIATED WITH GREATER 30-DAY MORTALITY

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NEW research has shown that patients with hip fractures who must be transferred from their local hospital to an operating hospital, do not risk higher 30-day mortality, despite the increased time to surgery.

Published in the *Medical Journal of Australia* today, the research evaluated the impact of pre-surgery hospital transfer and time to surgery on 30-day mortality for people aged 65 years or more who underwent surgical interventions for fall-related hip fractures in NSW public hospitals during 1 January 2011 – 31 December 2018. Hospitalisation data from the NSW Admitted Patient Data Collection and deaths data from the NSW Registry of Births, Deaths and Marriages were linked to provide person-level records. Time to surgery (in calendar days) was estimated from the date of admission for the first episode of care to the date of surgery. Comorbid conditions during the preceding year were identified.

The researchers, led by Dr Lara Harvey, a Research Fellow at the Falls, Balance and Injury Research Centre at Neuroscience Research Australia, and UNSW Sydney, found that 10.6% of the 36 956 patients who underwent hip fracture repair procedures were transferred from peripheral hospitals to operating hospitals.

“Of those 3916 patients, 1579 were transferred on the day of presentation (40.3%), 1875 the following day (47.9%), and 462 patients (11.8%) spent at least two days at the admitting hospital before being transferred,” Harvey and colleagues reported.

“The proportion of transferred patients who underwent surgery within 48 hours of presentation was smaller than for directly admitted patients (53.9% v 72.4%).”

Surgery for hip fracture within 48 hours of initial presentation to hospital is widely accepted as a clinically meaningful indicator of best practice care, and is supported by the Australian Hip Fracture Care Clinical Care Standard when there are no clinical contraindications.

Harvey and colleagues found that “transfer was associated with higher risk of 30-day mortality than direct admission, but after adjusting for age, sex, and comorbidity, neither transfer nor delayed surgery significantly influenced mortality”.

“We found that transfer from non-operating to operating hospitals, after adjusting for patient and hospital characteristics, was not associated with higher 30-day mortality,



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despite increasing the time between initial presentation and surgery," they concluded.

"Our findings suggest that time to surgery may be less important for health outcomes than these factors when other dimensions of care quality are equal.

"More research is required to understand the interplay between the effects of patient demographic characteristics, pre-injury health status, and the quality of hip fracture care on 30-day mortality for patients."

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